

Anti-Vax Claims (year 2021)

Introduction/disclaimer

I have listed most of the Anti-vax claims and provided links, excerpts and occasionally my notes in response to each claim. Some of the claims represent legitimate concerns and need to be addressed honestly and truthfully. Some, in the closing section of this document, are unreasonable and even ludicrous. To those readers with reasonable questions and concerns, I hope you will explore, learn and figure out whether to take the jab or not. The hard-core Anti-vaxers will probably ignore the material (at their peril), they have been blinded by conspiracy theories and are unable to critically evaluate the pros and cons of vaccines.

An added note, May 2023, Pandemic was declared to be over:

During this pandemic it occurred to me that there is a problematic relationship between Big Pharma, which profited greatly from the pandemic and continues to do so by advocating for booster shots, and governments which are desperate to ensure public safety and to maintain essential services. In this situation, there may be shortcuts in vaccine approval processes, compromising the required thorough testing and the evaluation of long-term effects.

1. Vaccines for covid-19 were developed too quickly and should not be trusted

Here is an article about a decade of research that paved way for rapid vaccine development: <https://www.sciencenews.org/article/covid-coronavirus-vaccine-development-speed>

Briefly: mRNA vaccines have been researched for the last decade. Two key therapies contributed to the mRNA vaccine know-how: 1. A research and development vaccine against rabies and 2. The development of parvovirus, an mRNA-based drug against a heredity (often fatal) disease.

To prepare mRNA vaccine researchers need to know the genetic makeup of the protein spikes that the virus uses to enter the human cell. That task takes only a few hours thanks to fast computers and a decade of experience in deciphering the human genome (which took 13 years). Once we have an mRNA segment that provides instructions to build that spike protein, the next challenge is to deliver it into a human cell. Here again previous research and experience with lipid nanoparticles allowed to build covid 19 vaccine within weeks. The next phase included recruiting volunteers for clinical trials, monitoring placebo and vaccinated groups, both counting thousands of volunteers. This phase takes typically years because of the difficulty to find volunteers in large numbers. The rapid spread of the present pandemic and the high number of infections helped to find thousands of volunteers quickly within weeks rather than years. Finally, vaccine data evaluation by FDA and other agencies was prioritized shaving months from the time required usually to obtain approval to use the vaccine.

Bottom line: mRNA technology is a decade old, rapid recruiting of volunteers for clinical trials and prioritized review helped to reduce the time for clinical trials, review and approval by Health agencies.

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2. Vaccine is ineffective at best, dangerous at worst

<https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection> :

Excerpt from the above post:

COVID-19 vaccines have proven to be safe, effective and life-saving. Like all vaccines, they do not fully protect everyone who is vaccinated, and we do not yet know how well they can prevent people from transmitting the virus to others. So as well as getting vaccinated, we must also continue with other measures to fight the pandemic.

Vaccine efficacy and effectiveness

All COVID-19 vaccines approved by WHO for emergency use listing have been through randomized clinical trials to test their quality, safety and efficacy. To be approved, vaccines are required to have a high efficacy rate of 50% or above. After approval, they continue to be monitored for ongoing safety and effectiveness. But what is the difference between efficacy and effectiveness?

A vaccine's efficacy is measured in a controlled clinical trial and is based on how many people who got vaccinated developed the 'outcome of interest' (usually the disease) compared with how many people who got the placebo (a dummy vaccine) developed the same outcome. Once the study is complete, the numbers of sick people in each group are compared, to calculate the relative risk of getting sick depending on whether or not the subjects received the vaccine. From this, we get the efficacy – a measure of how much the vaccine lowered the risk of getting sick. If a vaccine has high efficacy, a lot fewer people in the group who received the vaccine got sick than the people in the group who received the placebo.

For example, let's imagine a vaccine with a proven efficacy of 80%. This means that – out of the people in the clinical trial – those who received the vaccine were at an 80% lower risk of developing the disease than the group who received the placebo. This is calculated by comparing the number of cases of the disease in the vaccinated group versus the placebo group. Efficacy of 80% does not mean that 20% of the vaccinated group will become ill. Vaccine effectiveness is a measure of how well vaccines work in the real world. Clinical trials include a wide range of people – a broad age range, both sexes, different ethnicities and those with known medical conditions – but they cannot be a perfect representation of the whole population. The efficacy seen in clinical trials applies to specific outcomes in a clinical trial. Effectiveness is measured by observing how well the vaccines work to protect communities as a whole. Effectiveness in the real world can differ from the efficacy measured in a trial because we can't predict exactly how effective vaccination will be for a much bigger and more variable population getting vaccinated in more real-life conditions.

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Bottom line: All approved vaccines have effectiveness significantly greater than the WHO minimum required 50%. Moderna and Pfizer are more than 95% effective in preventing severe sickness, Johnson 86%, Novavax 100%, sputnik 85% and Sinovac 100%.

<https://www.nature.com/articles/d41586-021-01813-2>
https://www.who.int/news-room/feature-stories/detail/the-sino-vac-covid-19-vaccine-what-you-need-to-know?gclid=CjwKCAjwyvaJBhB-pEiwA8d38vCeqPHQsmL1RbLRBDM7CcxczYFv_5kufDR_RG_SUp5PtqShTwh-C2HRoCnEMQAVD_BwE
<https://www.yalemedicine.org/news/covid-19-vaccine-comparison>

3. Healthy lifestyle and functioning immune system can handle covid-19 infection better than vaccine

<https://msutoday.msu.edu/news/2020/Covid19-immunity-Yasser>

An excerpt from the above reference:

Eating certain foods can strengthen our immune system, and contribute to better control of infection. However, there is no proof that a certain supplement can cure or prevent disease. During the immune system induction due to infection or in response to vaccination, the cells of our immune system need nutrients to proliferate and synthesize proteins that contribute to pathogen eradication and the induction of memory immune responses.

Bottom line: Eating certain foods can strengthen our immune system, and contribute to better control of infection, but will not cure or prevent the infection.



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4. Good nutrition may protect against covid 19

<https://www.nature.com/articles/s41387-021-00165-0>

An abstract from the above paper:

The role of the immune system is to protect the individual against pathogenic organisms. Nutrition is one of the multiple factors that determine the immune response and good nutrition is important in supporting the immune response. Immunity can be impaired in older people, particularly those who are frail, in those living with obesity, in those who are malnourished and in those with low intakes of micro-nutrients. The immune impairments associated with nutritional inadequacy increase susceptibility to infection and permit infections to become more severe, even fatal. The adverse impact of poor nutrition on the immune system, including its inflammatory component, may be one of the explanations for the higher risk of more severe outcomes from infection with SARS-CoV-2 seen in older people and those living with obesity. Studies of individual micro-nutrients including vitamin D and zinc suggest roles in reducing the severity of infection with SARS-CoV-2. Good nutrition is also important in promoting a diverse gut microbiota, which in turn supports the immune system. The importance of nutrition in supporting the immune response also applies to assuring robust responses to vaccination. There are many lessons from the study of nutrition and immunity that are relevant for the battle with SARS-CoV-2.

Bottom line: nutrition is important for supporting our immune system, does it provide adequate protection against the corona 19 virus, as good as the vaccine does? I think not!

5. Side effects of the vaccine are worse than covid-19 infection

Taken from: <https://health.clevelandclinic.org/covid-19-vaccine-side-effects/>

As with many vaccines, there are some side effects, but those side effects are relatively mild. The side effects are mainly:

Arm soreness at the site of the injection (sometimes known as "COVID arm")

Fatigue.

Muscle aches. Headache.

Fever and chills. Swollen lymph nodes

The data shows that side effects are more commonly felt after the second dose of Pfizer or Moderna's vaccine rather than after the first dose. With Johnson & Johnson's vaccine, commonly reported side effects were arm soreness, headache, muscle aches and nausea. Most of the side effects occurred one or two days after vaccination.

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As studies continue, some less common side effects have been identified:

Blood clotting

In April, a small number of recipients of the Johnson & Johnson vaccine developed a rare blood clotting disorder. These cases occurred among women between the ages of 18 and 59, and the symptoms set in around six to 15 days after vaccination. Upon further review, these reactions were determined to be very rare, and the FDA recommended resuming the use of this vaccine.

Guillain-Barré Syndrome

The Johnson & Johnson vaccine has also been associated with cases of Guillain-Barré Syndrome, a rare autoimmune disorder that attacks the body's nerves. The likelihood of being diagnosed with GBS after receiving the Johnson & Johnson COVID-19 vaccine is extremely small — about 0.0008%.

Heart conditions

According to the CDC, there have been reported cases of myocarditis and pericarditis in adolescents and young adults. These cases predominantly occurred among teens 16 or older and adolescent males after receiving the second dose of an mRNA COVID-19 vaccine. However, the CDC maintains its stance that these reports are rare and the benefits of COVID-19 vaccination outweigh the known and potential risks.

Delayed periods

Though some people have reported changes in their periods shortly after vaccination, there currently is no concrete evidence that COVID-19 vaccines can have a direct effect on women's menstrual cycles. Instead, these changes may be associated with the body's response to stress.

Some notes from:

<https://www.healthline.com/health-news/vaccine-side-effects-vs-covid-19-damage-theres-no-comparison#The-serious-consequences-of-COVID-19>

Vaccine Side Effects vs. COVID-19 Damage? There's No Comparison! Experts say that the mild and rare side effects from COVID-19 vaccines are nowhere near as serious as the potential damage the disease itself can cause. They say that the long-term consequences of COVID-19 can include increased risk of stroke, lung damage, Alzheimer's disease, and Parkinson's disease.

They add that there have been reports of rare cases of Bell's palsy developing from COVID-19 vaccines but that the rate appears to be lower than that of the general population.

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Which would you rather have: muscle fatigue or permanent lung damage?

Would you prefer mild, short-term inflammation around the heart or severe damage to that organ that could lead to heart failure? Would you rather have moderate pain in your upper arm for a few days or increase the possibility of developing Parkinson's disease or Alzheimer's disease?

These are just few examples of the stark contrast between the side effects of COVID-19 vaccines and developing the disease itself. While the vaccines' side effects are mild and short, the damage caused by COVID-19 can be long-lasting and even fatal. So far, the most common physical reactions to the mRNA COVID-19 vaccines are tiredness, headache, muscle pain, chills, fever, nausea, sore throat, diarrhea, and vomiting.

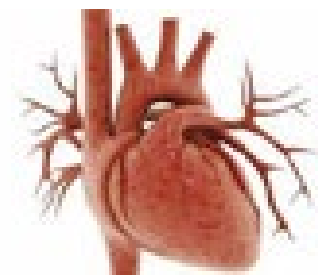
There have been some reports of rare but more serious side effects from the vaccines.

In late June, scientists at the Centers for Disease Control and Prevention (CDC) announced that there's a rare but "likely association" between the Moderna and Pfizer-BioNTech mRNA vaccines and a higher risk of heart inflammation, particularly in adolescents and young adults. These include cases of myocarditis, which is inflammation of the heart muscle, and pericarditis, which is inflammation of the outer lining of the heart. In both, the body's immune system causes inflammation in response to an infection or some other trigger.

Through follow-up, including medical record reviews, CDC and Food and Drug Administration (FDA) officials have confirmed 518 reports of myocarditis or pericarditis. But these conditions have produced mild cases, with no deaths or lingering issues reported. The people who develop these conditions usually return to normal daily activities in just a few days when their symptoms improve, but they're advised by CDC officials to speak with their doctor about returning to exercise or sports.

The CDC continues to recommend COVID-19 vaccinations for everyone 12 years old and older, given the risk of COVID-19 illness and related, possibly severe complications.

Dr. Stuart Berger, a pediatric cardiologist and medical director of the Pediatric Heart Center at Lurie Children's Hospital in Chicago, told Healthline that the vaccines are quite safe. Heart inflammation tends to occur in men ages 16 to 24. Berger noted that the CDC is looking at some 500 cases out of more than 170 million vaccinated people in that adolescent and young adult demographic. "That puts it at .00025 percent. That is very rare," he said. "From what we know, it is less common than myocarditis in the general population." (0.00025% = 2.5 cases per one million vaccinations)



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Click to see YouTube video:

https://www.youtube.com/watch?v=W_03qdzjp2g_watch?v=7WJaEMBcCbc

Re thrombosis:

https://thrombosiscanada.ca/covid-19-vaccines-and-blood-clots-faqs/?gclid=CjwKCAjw1Je-JBhB9EiwAV612yxRwx2EnKuViabeAQn0QnY8QGwuSKN4DUVXzAkOobkUEhrMEN0-l3hoCzp-gQAvD_BwE

What is the risk of thrombosis in people with COVID-19?

Infection with COVID-19 has been associated with thrombosis, or blood clots, involving the veins and arteries. The risk of blood clots is highest for individuals admitted to hospital with COVID-19 infection, occurring in about 5% of people admitted to a regular hospital ward and up to 20% for those in the intensive care unit (ICU), on life-support. The risk of blood clots for individuals with COVID-19 but not requiring admission to hospital is lower at about 1%

Is there a risk for developing a blood clot (thrombosis) after receiving the COVID-19 vaccine?

There is no overall increased risk of developing a blood clot after receiving any of the approved COVID-19 vaccines, including the vaccine made by AstraZeneca. However, the AstraZeneca vaccine may be associated with extremely rare cases of blood clots that occur in the brain called Cerebral vein sinus thrombosis (CVST) and are associated with low blood platelets. These blood clots were found to occur in approximately 1 in 100,000 people who received the vaccine.

An excerpt from:

<https://covid19-sciencetable.ca/sciencebrief/vaccine-induced-immune-thrombotic-thrombo-cytopenia-vitt-following-adenovirus-vector-covid-19-vaccination/>

The AstraZeneca/COVISHIELD COVID-19 vaccine appears to be associated with rare cases of serious blood clots, including blood clots in the brain and other critical organs. Similar cases have also been reported following the Janssen/Johnson & Johnson COVID-19 vaccine. These blood clots have two important features: they can occur 4 to 28 days after vaccination, and they are associated with low platelets (tiny blood cells that help form blood clots to stop bleeding). Doctors are calling this “vaccine-induced immune thrombotic thrombo-cytopenia” (VITT), “vaccine-induced prothrombotic immune thrombocytopenia” (VIPIT), or “thrombotic thrombocytopenic syndrome” (TTS). These blood clots are different from the blood clots most people are familiar with; they are more aggressive and are more likely to cause death or severe disability, even with early diagnosis and treatment.

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Published estimates of the incidence of VITT range from 1 case per 26,000 to 1 case per 127,000 doses of AstraZeneca/COVISHIELD administered. The estimates vary by country, with countries like Norway and Denmark reporting the highest rates. As of April 28, 2021, the rate of VITT in Canada has been estimated to be approximately 1 per 100,000 doses. Nearly all reported cases have occurred after the first dose. There have been few reported cases of VITT with the Janssen/Johnson & Johnson vaccine, so it is difficult to calculate a precise rate, but the incidence of VITT appears to be approximately 1 case per 500,000 vaccine doses administered.

Bottom line: Vaccines do have side effects, mostly light and transient. Some serious effects such as blood clotting have been reported at very low numbers. The risks of blood clotting for people infected with covid 19 is at or above 1 in 100, compared to 1 in 26000 – 127000 in the case of the AstraZeneca vaccine.

6. Vaccinated people die of covid19

Some general statistics: As of 20 August 2021 globally 210 Million people got covid, about 4.4 million people died. 1.9 billion people worldwide have been fully vaccinated (24% of the world population), and a total of 4.4 billion vaccine shots were administered. In comparison, about 400 thousand deaths from influenza worldwide have been reported in 2018 with 2 -5 million cases per year.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

An excerpt from the above post:

Reports of death after COVID-19 vaccination are rare. More than 375 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through September 7, 2021. During this time, VAERS received 7,439 reports of death (0.0020%) among people who received a COVID-19 vaccine. FDA requires healthcare providers to report any death after the COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem. A review of available clinical information, including death certificates, autopsy, and medical records, has not established a causal link to COVID-19 vaccines.

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The bottom line: Yes there are reports of deaths of covid 19 vaccinated people. They are very rare (2 in 100000). These statistics include all deaths, caused by any health conditions; the actual deaths due to covid 19 is likely smaller than 2 in 100000.

7. Messenger RNA modifies our genetic code

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>

<https://www.gavi.org/vaccineswork/will-mrna-vaccine-alter-my-dna>



Messenger RNA (mRNA) is found in all living cells. These strands of genetic code act as chemical intermediaries between the DNA in our chromosomes and the cellular machinery that produces the proteins we need to function: mRNA provides the instructions this machinery needs to assemble these proteins. mRNA vaccines include instructions for ribosomes in our cells to manufacture covid 19 spike proteins and train our immune system to recognize and prepare a reservoir of antibodies to fight the covid 19 virus. This mRNA segment does not enter the cell nucleus where our DNA resides, does not interact or affect our DNA and is dismantled by our cells within hours after vaccine administration.

Bottom line: There is no evidence and no known mechanism by which mRNA component of covid 19 vaccine can alter our DNA.

8. mRNA based vaccines cause cancer

<https://apnews.com/article/fact-checking-afs:Content:9994785135>

Excerpt from the above post:

The claim that vaccines contain cancer-causing ingredients has long been pushed by vaccine opponents. The story misrepresents a 2018 study to make the false assertion that the mRNA COVID-19 vaccines are “cancer-driving inoculations that, once the series is complete, will cause cancer tumours in the vaccinated masses who have all rushed out to get the jab out of fear and propaganda influence.

The Memorial Sloan Kettering Cancer Center, which conducted the 2018 study, said there is no truth to the claim. “This article circulating is categorically false, misrepresents the findings of our study and draws incorrect conclusions about vaccine risks,” the institute said in a statement.

According to the institute, the 2018 study found that changes in certain mRNA molecules can inactivate tumour-suppressing proteins and thereby promote cancer -- but there is no connection to the mRNA used in COVID-19 vaccines.

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“It’s important to note that mRNAs are a normal component of all cells and the specific ones discussed here are not involved in mRNA-based vaccines, like the one developed against SARS-CoV-2,” the institute’s statement said. mRNA vaccines work by using a piece of genetic code from the spike protein of the corona-virus to train the immune system to generate a response. Both the Pfizer-BioNTech and the Moderna vaccines rely on mRNA. While the mRNA COVID-19 vaccines rely on new technology, mRNA vaccines have been tested on humans before for other infectious diseases like Zika. The mRNA technology has been available for years. Medical experts say mRNA from vaccines cannot cause cancer because it lasts in the body for only a brief period. mRNA rapidly inactivates, which is why it needs to be kept at cold temperatures, said Dr. Carlos del Rio, an infectious diseases specialist at Emory University.

Bottom line: mRNA molecules, native to humans, can inactivate proteins that protect against cancer. Do we know that the mRNA that is part of the vaccine is not able to inactivate the cancer-protective proteins? We know that it is short-lived and that our cells break it down within few hours. Still a better argument and lab testing are needed to refute the claim that vaccines cause cancer. Perhaps by showing that the mRNA strand that is used in the covid 19 vaccine does not inactivate the protective proteins?

9. Vaccine has already led to a large number of deaths

A posting by Reuter about vaccine efficacy: <https://www.reuters.com/article/uk-fact-check-vaccine-comparison-idUSKBN2802H4>

Also check this YouTube video: <https://www.youtube.com/watch?v=SHH-1vWD19Fw>

Deaths and serious complications due to vaccine a historical review modern times (vaccines in general not covid 19 vaccine): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4599698/>,

Here are the conclusions:

Vaccines are rigorously tested and monitored and are among the safest medical products in use. Millions of vaccinations are administered to children and adults in the United States each year. Serious adverse reactions are uncommon and deaths caused by vaccines are very rare. Healthcare providers can take specific actions to help prevent adverse reactions, including proper screening for contraindications and precautions and observing a 15-minute waiting period after vaccinating to prevent fall-related injuries from syncope. CDC and FDA continuously monitor the safety of US-licensed vaccines. All serious VAERS reports, including reports of death, are reviewed.

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A report is considered serious if at least one of the following is reported: death, life-threatening illness, hospitalization or prolongation of hospitalization, or permanent disability . In addition, CDC and FDA scientists use statistical techniques to check for disproportional reporting in the VAERS database for deaths and other adverse events for individual types and brands of vaccines . If CDC or FDA were to detect a potential new safety problem with MMR (Measles, Mumps, Rubella) or any other US-licensed vaccine, this “signal” would be further assessed and regulatory and/or public health action would be taken, if necessary.

With respect to the recent claims of deaths caused by the MMR vaccine, drawing broad cause and effect conclusions between vaccination and deaths based on spontaneous reports to VAERS, some of which might be anecdotal or second-hand, is not scientifically valid practice. A review of the VAERS data reveals that many of the death reports for the MMR vaccine involved children with serious preexisting medical conditions or were likely unrelated to vaccination (e.g. accidents). These complete VAERS reports and any accompanying medical records, autopsy reports and death certificates have been reviewed in depth by FDA and CDC physicians and no concerning patterns have emerged that would suggest a causal relationship between the MMR vaccine and death.

The evidence for the safety and effectiveness of vaccines routinely given to children and adults in the United States is overwhelmingly favorable. In the case of the MMR vaccine, this includes preventing hundreds of potential measles-related deaths each year [34]. Any discussion of the true risks of vaccination should be balanced by acknowledgment of the well-established benefits of vaccines in preventing disease, disability and deaths from infectious diseases.

Deaths due to covid19 vaccine:

<https://www.reuters.com/article/fact-check-vaers-rival-idUSL2N2001XU> <https://web.archive.org/web/20210616184447/https://www.openvaers.com/covid-data>

Bottom line: In the US total of 5888 deaths have been attributed to covid 19 vaccines as of June 2021. During this time about 600000 death were reported due to covid19 infection (about a hundred times more), the number of fully vaccinated people in the US as of August 2021 was 176 Million; that means that the risk of dying from the vaccine is about a thousand times smaller than the risk of dying from covid infection once contracted. If we can ensure that the probability of contracting covid for an un-vaccinated individual is no more than 0.1% then the two risks are equal. Another way to look at it is: the risk of dying from the vaccine is about 0.0034 %, smaller than the risk of being involved in a deadly car accident in a year. This level of risk does not stop us from getting in the car!

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10. All vaccines contain toxic material

See a comprehensive post on additives in many vaccines: <https://www.publi-chealth.org/public-awareness/understanding-vaccines/goes-vaccine/>

Also: <https://www.cdc.gov/vaccines/vac-gen/additives.htm>



Ingredient components of a vaccine include adjuvants, added to enhance the immune system response; antibiotics, to prevent contamination during the manufacturing process; and preservatives and stabilizers. The common additives are Ethyl mercury, Aluminum, Formaldehyde, Antibiotics, gelatin and mono-sodium glutamate. All additives are at safe levels. Formaldehyde for example is well below the level of what our body produces naturally; Alu-minum is naturally occurring in our environment, breastfeeding in the first 6 months exposes the infant to almost twice as much aluminum as a typical vaccine.

Bottom line: Yes vaccines include components that at higher levels are toxic. The levels of these additives are at or below levels that we are exposed to from our environment, breathing, eating and drinking.

11. You can transmit the virus even if you are vaccinated

<https://health.clevelandclinic.org/can-vaccinated-people-transmit-covid-19-to-others/>

<https://publichealth.jhu.edu/2021/new-data-on-covid-19-transmission-by-vac-cinated-individuals>

New data was released by the CDC last week showing that vaccinated people infected with the delta variant carry viral loads similar to those of unvaccinated people. While this sounds discouraging, it's important to keep three things in mind:

1. Vaccines remain highly effective at preventing severe disease.
2. Breakthrough infections among vaccinated individuals remain uncommon.
3. The majority of new COVID-19 infections in the US are among unvaccinated people.

<https://www.nature.com/articles/d41586-021-02054-z>

COVID vaccines slash viral spread – but Delta is an unknown. Studies show that vaccines reduce the spread of SARS-CoV-2 by more than 80%, but the Delta variant is creating fresh uncertainty.

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Two studies from Israel, posted as preprints on 16 July, found that two doses of the vaccine, made by the pharmaceutical company Pfizer, based in New York City, and biotechnology company BioNTech, based in Mainz, Germany, are 81% effective at preventing SARS-CoV-2 infections. And vaccinated people who do get infected are up to 78% less likely to spread the virus to household members than are unvaccinated people. Overall, this adds up to very high protection against transmission, say researchers.

https://www.publichealthontario.ca/-/media/documents/ncov/phm/2021/06/covid-19-transmission-vaccinated-cases.pdf?sc_lang=en

Bottom line: Yes vaccinated people can spread the virus but at lower levels.

12. Vaccines are ineffective against Delta variant

<https://www.healthline.com/health-news/heres-how-well-covid-19-vaccines-work-against-the-delta-variant#Vaccines-vs.-Delta-variant>



Study 1 and real-life data

According to an analysis carried out by Public Health England, two doses of the Pfizer-BioN-Tech vaccine appeared to be about 88 percent effective against symptomatic disease and 96 percent effective against hospitalization with the Delta variant.

The same study suggested that the vaccine was approximately 80 percent effective against preventing infection from the Delta variant. Scientists came to this conclusion after analyzing 14,019 people with an infection, 166 of whom were hospitalized, in England.

Vaccines had a protective effect against infections with Delta and hospital cases were milder, the study found.

Public Health England also shared real-world data in May that solidified the importance of having a second dose of the COVID-19 vaccine. The analysis suggested that a single dose of the Pfizer-BioNTech vaccine offered only about 33 percent protection against symptomatic disease.

This was a reduction from the previous 50 percent effectiveness estimated against the alpha variant.

The study also found that the Pfizer-BioNTech vaccine was 88 percent effective against the Delta variant 2 weeks after the second dose.

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Study 2

A report published in the journal Nature reflected the findings that a single shot of a two-dose vaccine such as Pfizer-BioNTech or AstraZeneca provided “barely” any protection. However, researchers also reported that people who had received two doses of a vaccine had significantly more protection against infection with the Delta variant, with researchers estimating a level of 95 percent effectiveness.

The study also found that the Delta variant was less sensitive to “sera from naturally immunized individuals,” meaning people who had a prior infection may not be protected against reinfection with the Delta variant.

Study 3

A study in Canada, meanwhile, found that two doses of a COVID-19 vaccine worked just as well against the Delta variant as it did with alpha. It has not yet been peer-reviewed.

The study suggested the Pfizer-BioNTech vaccine was around 87 percent effective 14 days after two doses.

Study 4

A study in Scotland found similar results. The Pfizer-BioNTech vaccine, researchers concluded, offered “very good” protection against the Delta variant and demonstrated 79 percent effectiveness 14 days after receiving the second dose.

Study 5

A study in Israel was more of an outlier and found that the Pfizer-BioNTech vaccine did not offer as high protection as previously estimated. The study suggested the vaccine was about 64 percent effective against preventing infection with the Delta variant and 64 percent effective against symptomatic illness after two doses.

But scientists have pointed out that the full data has not yet been released, and it may have included asymptomatic infections picked up by Israel’s surveillance program.

Study 6

A study that analyzed vaccine effectiveness in India, where the Delta variant first emerged, found that the Pfizer-BioNTech vaccine was 88 percent effective against the Delta variant after two doses.

Effectiveness was considerably lower after one vaccine dose, however, at approximately 36 percent.

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Study 7

A U.S. study, which has not yet been peer-reviewed, suggests that the effectiveness of the Pfizer vaccine has decreased against the Delta variant.

The data found that the vaccine offered 42 percent protection against symptomatic infection with the Delta variant in July, compared to over 76 percent in January.

The study also noted that those vaccinated with Pfizer were twice as likely to experience a “breakthrough infection”, compared to the Moderna vaccine.

Bottom line: Quite a few studies attempted to assess the effectiveness of covid 19 vaccines against the Delta variant. They all agree that the vaccines provide significant protection against the Delta variant, usually at a somewhat lower protection level. Two doses provide higher protection. The protection level may decrease with time.



13. Vaccines are causing covid variants

Check this article: <https://www.reuters.com/article/factcheck-delta-vaccine-idUSL1N2OW1TA>

Briefly: Virus variants are the results of mutations of covid 19. The vaccine can not induce mutations, it only provides instructions for our immune system to recognize protein spikes on covid 19 surfaces.

<https://www.newswise.com/factcheck/debunking-the-claim-that-vaccines-cause-new-covid-19-variants>

The following article debunks the French virologist Luc Montagnier’s claims that variants are induced by vaccines.

<https://www.reuters.com/article/factcheck-vaccine-variants-idUSL2N2NL1M2>

Bottom line: A vaccinated person that hosts the virus could be seen as environmental pressure that induces mutations, That is in agreement with the current understanding of mutations as a mechanism of evolution. On the other hand, if vaccines are promoting covid 19 variants then we should see the variants arise in countries most vaccinated. This is true for the British variant but not for the rest of the variants (Delta emerged in India, the Brazil variant in South America, the South Africa variant in south Africa) all three countries have very low vaccination rates.

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Taken from online search: "As of July 2021, there were four dominant variants of SARS-CoV-2 spreading among global populations: the Alpha Variant (formerly called the UK Variant and officially referred to as B.1.1.7), first found in London and Kent, the Beta Variant (formerly called the South Africa Variant and officially referred to as B.1.351), the Gamma Variant (formerly called the Brazil Variant and officially referred to as P.1), and the Delta Variant (formerly called the India Variant and officially referred to as B.1.617.2)."

The claim that vaccine causes the rise of variants was argued by the French virologist Luc Montagnier's, a prominent virologist and Nobel price winner. He also claimed that the mRNA vaccine will cause cancer, a claim that is difficult to rationalize because the mRNA segment of the vaccine does not enter the cell nucleus, does not get in contact with our DNA .



14. Vaccine causes infertility

<https://womenshealthresearch.ubc.ca/blog/covid-19-vaccines-and-infertility-fact-or-fiction>

The conclusion from the above posting: The known risks of COVID-19 to pregnant people are severe, including increased rates of intensive care admissions and more pre-mature births. In weighing these risks alongside the latest research, professional associations are making a strong recommendation for people planning a pregnancy to receive the vaccine.

As stated by the Canadian Society of Obstetrics and Gynecology: "There is no evidence, and no theoretic reason to suspect that the COVID-19 vaccine could impair male or female fertility. These rumors are unfounded and harmful. The evidence is clear. The best thing to do to protect your health and the health of those around you is to get vaccinated as early as possible."

Also see: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/planning-for-pregnancy.html>

Conclusions from the above posting:

There is currently no evidence that the antibodies made following COVID-19 vaccination or that vaccine ingredients would cause any problems with becoming pregnant now or in the future.

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15. Vaccine can overload your immune system

Overloading the immune system probably describes a situation where the immune system is challenged and overwhelmed. mRNA vaccines do not attack or challenge the immune system, they teach the immune system to recognize covid 19 spikes protein and to generate antibodies to it.

The following post discusses infants multi vaccination, (but is not referencing covid 19:)

https://www.health.ny.gov/prevention/immunization/vaccine_safety/misperceptions.htm

An excerpt from the above posting: “Some parents worry about overloading a child’s immune system. But parents don’t need to be concerned about this. The American Academy of Pediatrics says that babies’ immune systems can handle the number of recommended vaccines (aap.org) according to the vaccination schedule because they are exposed to multiple germs daily basis. A healthy baby’s immune system can accommodate multiple vaccinations. In fact, babies’ immune systems can respond to approximately 100,000 organisms at once. The antigens in vaccines use only a small fraction of a baby’s immune system response. Childhood immunizations are recommended to children at a susceptible young age after immunity from their mother wears off. Again, there is more harm in not vaccinating your baby. “

Bottom line: Many years of experience with multi-vaccination of infants show that the human immune system can handle safely more than one vaccine at a time without being overwhelmed. On top of that mRNA based vaccines do not challenge (and can not overwhelm) our immune system.

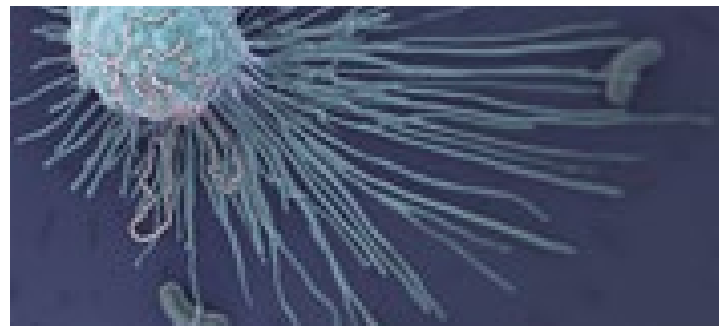
16. Vaccine can cause Autism

<https://www.paho.org/en/topics/immunization/debunking-immunization-myths>

excerpt from the above post:

There is no association between the measles, mumps and rubella (MMR) vaccine and autism. A single study, which was poorly designed and already discredited, reported such an association in 1998. Since then, hundreds of well-designed studies have confirmed that there is no risk of autism from vaccination.

Bottom line: There is no evidence of a link between any vaccine and autism or autistic disorders.



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17. *Flu vaccine protects against covid*

Comparing covid 19 and influenza: <https://www.who.int/emergencies/diseases-es/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavi-rus-disease-covid-19-similarities-and-differences-with-influenza>

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/corona-virus-vs-flu/art-20490339>

Excerpt from the above post: The flu vaccine doesn't prevent you from getting COVID-19. Some research has found getting a flu vaccine might lower the risk of getting COVID-19. Research also shows that getting the flu vaccine does not make you more likely to get COVID-19 or other respiratory infections.

<https://www.sciencedaily.com/releases/2021/08/210804123547.htm>

Excerpt: The analysis revealed that those who had not had the flu shot were significantly more likely (up to 20% more likely) to have been admitted to the ICU. They were also significantly more likely to visit the emergency department (up to 58% more likely), to develop sepsis (up to 45% more likely), to have a stroke (up to 58% more likely) and a DVT (up to 40% more likely). **The risk of death was not reduced.**

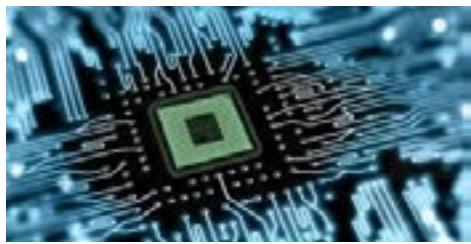
Bottom line: Having a Flu shot reduces the probability of severe outcomes of covid 19 infections but does not lower the risk of death. Get the flue shot but know that it is not a replacement for the covid 19 vaccines!

18. *If everyone around me is vaccinated I do not need a vaccine*

Hmm, 1. Double vaccinated people are protected but can still contract covid-19 (mostly in a milder, non-lethal form) and importantly can be carriers and spreaders of the virus 2. Relying on others to protect you is a little bit like hiding behind their backs is it not?



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Here are some claims that quite frankly are too ridiculous to comment or to consider:

19. Vaccines include a microchip that can be used for surveillance

(surveillance by who, for what purpose?)

An article detailing the history and the evolution of this misinformation:

<https://www.theverge.com/22516823/covid-vaccine-microchip-conspiracy-the-ory-explained-reddit>

The bottom line: The important questions are: 1. Is there a technology to implant a tiny microchip, small enough to be added to the vaccine and injected into a muscle? I don't believe there is one. 2. Suppose there is a technology like that, who would use that and for what purpose? Why would all world governments (western Democracies, the Chinese government, Dictators, ..) and all leading scientists get involved in this conspiracy? This claim has the characteristics of conspiracy theory, with no concrete evidence (other than edited and taken out of context videos) aiming at spreading mistrust and fear.

20. Astra-Zeneca vaccine makes recipients Bluetooth connectable

<https://www.usatoday.com/story/news/factcheck/2021/05/27/astrazene-ca-covid-19-vaccine-doesnt-enable-bluetooth/7452794002/>

Bottom line: Bluetooth technology uses radio waves to communicate between nearby devices. COVID vaccines do not inject any element capable of connecting with electronics through Bluetooth.

21. Covid-19 magnetize recipients

Bottom line: 2.2 billion vaccines were administered as of August 2021, no sign of magnetism.

<https://www.mcgill.ca/oss/article/covid-19/can-vaccines-make-our-body-mag-netic>



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22. 5G towers are linked to covid 19 pandemic

Bottom line: By what mechanism? Would that not lead to hot spots of infections near these towers? And what about many, many infections in countries and areas that don't have 5G towers at all?

23. Covid-19 does not exist

Bottom line: OK, so the whole planet is battling a none existing virus, millions have died from none existing virus...?



Some general information about covid 19 vaccines

24. How mRNA vaccine works:

The RNA vaccines being developed for COVID-19 all provide instructions for making the same viral protein: the coronavirus 'spike' protein used by the virus to gain entry to our cells. Preclinical studies indicated that it was highly immunogenic, meaning that if our immune cells encounter this protein, they will mount a strong response, which should protect recipients against future COVID-19 disease. Once our cells have manufactured the viral protein, it is displayed on their surfaces, where passing immune cells can spot it and respond. To produce an mRNA vaccine, scientists create a synthetic version of mRNA encoding the spike protein. This is packaged inside fatty parcels, to make it easier for the mRNA to cross the outer membranes of cells, which are also made of fatty material.

Once inside the cell, the mRNA comes into contact with protein making-machinery, which is located in the jelly-like cytoplasm filling the cell. It doesn't enter the nucleus, which is where our chromosomes are stored.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html> :

Researchers have been studying and working with mRNA vaccines for decades. Interest has grown in these vaccines because they can be developed in a laboratory using readily available materials. This means the process can be standardized and scaled up, making vaccine development faster than traditional methods of making vaccines.

mRNA vaccines have been studied before for flu, Zika, rabies, and cytomegalovirus (CMV). As soon as the necessary information about the virus that causes COVID-19 was available, scientists began designing the mRNA instructions for cells to build the unique spike protein into an mRNA vaccine.

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- Good nutrition may protect against covid 19
- Side effects of the vaccine are worse than covid-19 infection
- Vaccinated people die of covid19
- Messenger RNA modifies our genetic code
- mRNA based vaccines cause cancer
- The vaccine has already let to a large number of deaths
- All vaccines contain toxic material
- You can transmit the virus even if you are vaccinated
- Vaccines are ineffective against Delta variant
- Vaccines are causing covid variants
- Vaccine causes infertility
- Vaccine can overload your immune system
- Vaccine can cause Autism
- Flue vaccine protects against covid
- If everyone around me is vaccinated I do not need the vaccine
- Vaccine include a microchip that can be used for surveillance
- Astra-Zeneca vaccine makes recipients Bluetooth connectable
- Covid-19 magnetize recipients
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Future mRNA vaccine technology may allow for one vaccine to protect against multiple diseases, thus decreasing the number of shots needed for protection against common vaccine-preventable diseases. Beyond vaccines, cancer research has used mRNA to trigger the immune system to target specific cancer cells.

Here is a graphic description of how the covid 19 vaccine works:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/vaccines/COVID-19-mRNA-infographic_G_508.pdf

This Twitter video explains how mRNA vaccine works: <https://twitter.com/ScientistSwanda/status/1335988328362090500>

Article about the potential of mRNA vaccine: <https://www.nature.com/articles/nrd.2017.243>

Abstract

mRNA vaccines represent a promising alternative to conventional vaccine approaches because of their high potency, capacity for rapid development and potential for low-cost manufacture and safe administration. However, their application has until recently been restricted by the instability and inefficient in vivo delivery of mRNA. Recent technological advances have now largely overcome these issues, and multiple mRNA vaccine platforms against infectious diseases and several types of cancer have demonstrated encouraging results in both animal models and humans. This Review provides a detailed overview of mRNA vaccines and considers future directions and challenges in advancing this promising vaccine platform to widespread therapeutic use.

Historic timeline of mRNA vaccines:

<https://www.medpagetoday.com/infectiousdisease/covid19/89998>

25. About Herd Immunity:

<https://www.nature.com/articles/d41586-020-02948-4>

26. Article about ADE

Antibody-Dependent Enhancement (This is about the possibility that vaccine-induced antibodies may make variants more infectious):

<https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines>

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An excerpt from the article: Neither COVID-19 disease nor the new COVID-19 vaccines have shown evidence of causing ADE. People infected with SARS-CoV-2, the virus that causes COVID-19, have not been likely to develop ADE upon repeat exposure. This is true of other coronaviruses as well. Likewise, studies of vaccines in the laboratory with animals or the clinical trials in people have not found evidence of ADE.

Click to see YouTube video:

<https://www.youtube.com/watch?v=7WJaEMBcCbc>

For Vaccine hesitant , see a more detailed risk comparison at:

<https://www.youtube.com/watch?v=-q0mQP8eoK8>

As of May 2023 WHO declared the pandemic to be over. I would like to close this anti-vax information posting by stating the following:

(Please see my blog posting for full text: <https://edu.edu-multimedia.com/elementor-3959/>)

"The most significant lesson from this pandemic is the realization that we live in a global village. Our economy is interconnected through international trade agreements and large international corporations, making health challenges like the Covid-19 pandemic global in nature. Borders could not contain the virus, and all nations fought a common enemy. It is certain that there will be future pandemics, potentially originating from new viruses crossing species boundaries, and they will also have global implications. Understanding our global interconnectedness should prompt us to question nationalistic policies, nuclear arms races, and the disparities between rich and poor nations, among other problems our civilization faces."

There are additional lessons we can learn from this pandemic. For example, the problematic relationship between Big Pharma, which profited greatly from the pandemic and continues to do so by advocating for booster shots, and governments desperate to ensure public safety and maintain essential services. In this situation, there may be shortcuts in vaccine approval processes, compromising the thorough testing and the evaluation of long-term effects. Another challenge that we have faced was the rise of conspiracy theories, which interfered with health measures and vaccine roll out. While questioning policies is healthy in strong democracies, we should have been better prepared to address these views in the context of the pandemic.

Comments?, Suggestions? Please email me at jk@edu-multimedia.com

Yossi Karov

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